

CITY OF NEWTON 1000 COMMONWEALTH AVENUE, NEWTON, MA 02459

An Equal Opportunity/Affirmative Action Employer

PERSONAL DATA Please **print** answers, if not applicable write N/A in blank. Additional sheets will be provided if needed.

Name (Last, First, Middle)	Date		Social Security Number		
ddress (Street, City, State, Zip)			Telephone	Number	
Are you a U.S. Citizen? If no, do you have authorization to work in the Yes No No	e U.S.?				
Yes No Series No	Have you taken any Civil Service Exams? Yes No				
Civil Service Exams taken: If related to anyone employed by the City of Newton, give name, relationship and	donostroop	4.			
	departmer	t:			
In case of emergency notify (name, address, phone):	case of emergency notify (name, address, phone): Home Number:				
	Work Number:				
JOB INTEREST/AVAILABILITY					
Position(s) desired:			lication is for: -time Part-time	Seasona	al Temporary
How were you referred to the City of Newton? Advertisement Referral Walk-in			Other		
Education Record					
High School/Vocational School (City, State, Zip)			Did you graduate? Yes ☐ No ☐	Course	
College (City, State, Zip)			Did you graduate? Yes No	Major	Degree
Graduate School/Additional Schooling (City, State, Zip)			Did you graduate? Yes ☐ No ☐	Field	Degree
Please list languages, computer skills, typing skills etc.:					
Please list any specialized licenses, Board of Registry Certificates, etc.:					

EMPLOYMENT RECORD (List most recent position first, you may include unpaid experience) Have you ever been, or are you currently employed by the City of When? If yes, by whom were you employed? Newton or any other city, town, county, state or U.S. Government? To: Yes No No From: Employer's Name City, State, Zip Dates Employed Position Salary Briefly describe your responsibilities: Reason for leaving Supervisor Telephone May we contact this employer? Yes No Employer's Name City, State, Zip Dates Employed Position Salary Briefly describe your responsibilities: May we contact this employer? Reason for leaving Supervisor Telephone Yes No Employer's Name City, State, Zip Position Salary Dates Employed Briefly describe your responsibilities: Reason for Leaving Telephone May we contact this employer? Supervisor Yes \ No

READ CAREFULLY BEFORE SIGNING: I understand that permanent employment depends upon the result of satisfactory replies from my references, a favorable report of my physical examination, the completion of a probationary period and a Civil Service appointment if applicable. I hereby authorize the City to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply information concerning my background. I also hereby release any of the above from any liability and responsibility arising from their doing so.

I hereby also give my permission, as a condition of employment or a part of my duties relating to employment for the release of all appropriate background information regarding my credit history, criminal record history, driving history or other sources of information which is permissible by all governing laws pertaining to employment, insurance or credit history. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. M.G.L. C.149 S. 19B

Date	Applicant's Signature